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CONFIRMATION NO. 7980

<b>SERIAL NUMBER</b> 10/676,694	<b>FILING OR 371(c) DATE</b> 09/30/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1646	<b>ATTORNEY DOCKET NO.</b> 10165-027-999	
<b>APPLICANTS</b> Michael Brines, Woodbridge, CT; Anthony Cerami, Croton-On-Hudson, NY; Thomas Coleman, Mount Kisco, NY;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/465,891 04/25/2003					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/20/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 50	<b>INDEPENDENT CLAIMS</b> 11
<b>ADDRESS</b> FREDERICK J. HAMBLE, ESQ. 712 KITCHAWAN ROAD OSSINING, NY 10562					
<b>TITLE</b> TISSUE PROTECTIVE CYTOKINE RECEPTOR COMPLEX AND ASSAYS FOR IDENTIFYING TISSUE PROTECTIVE COMPOUNDS					
<b>FILING FEE RECEIVED</b> 3632	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		